

MULTIPLE DENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/526689

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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50						
TOTAL END.	4		↓		↓	
TOTAL DEP.	19	←	←	←	←	
TOTAL CLAIMS	23	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]